

St. Lawrence
Health System
Gouverneur Hospital

77 West Barney Street
Gouverneur, New York 13642
(315) 287-1000
StLawrenceHealthSystem.org

CERTIFICATION OF HOSPITAL RECORDS PURSUANT TO CPLR 4518

Date: 01/22/2021

Patient: MICHAEL MCCALLION

Medical Record Number: J000418116

I, Mari Pirie-St.Pierre, RHIA, am an employee of Gouverneur Hospital and delegated to certify and authenticate medical records.

Pursuant to Section 4518 of the Civil Practice Law and Rules: This is to certify that the attached is an exact copy of the original medical record(s) which I have in my custody. The medical record(s) were made and kept in the regular course of business of Gouverneur Hospital, and it is in the regular course of business of the hospital to make such medical records at or about the time of the events described in the medical records.

Dated: 1/25/2021


Mari Pirie-St.Pierre, RHIA
Director HIM

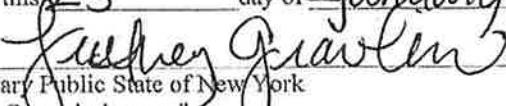
Mari Pirie-St.Pierre, RHIA
Printed Employee Name

State of New York

County of St. Lawrence

Subscribed and Sworn to before

Me this 25 day of January 2021


Notary Public State of New York
My Commission expires



DELEGATION OF AUTHORITY FOR RECORD CERTIFICATION

I, Eric Burch, CEO, do hereby certify Mari Pirie-St.Pierre, RHIA, Director Health Information Management, has been authorized and instructed by me pursuant to §4518C of the Civil Practice Law and Rules to certify the writings, records, evaluation, photographs, of this institution, to the effect that such writings, records, evaluation, photographs, are the full and complete copy of the record of said condition, act, transaction, occurrence or event and that it was made in the regular course of such business to make it at the time of the condition, act, transaction, occurrence or event or within a reasonable time thereafter.



Eric Burch, CEO Gouverneur Hospital

Date

**St. Lawrence
Health System**

Gouverneur Hospital



McCallia, Michael

Patient Label

84

**EMERGENCY DEPARTMENT
PHYSICIAN DOWNTIME DOCUMENTATION**

Time Seen by PA/MD: 2325

CC/Condition on admit: NARCOTIC OVERDOSE

Chief Complaint & HPI: 35 YO M PRESENTS FROM GOVERNOR'S CORRECTIONAL BY AMBULANCE AFTER OVERDOING ON SMOKING K2/SPICE. HE WAS UNRESPONSIVE & WAS GIVEN 2 DOSES OF NARCAN WHICH BROUGHT PMH PT AROUND. HE DID HAVE HYPOVENTRATION INITIALLY & A IV CAPS PLACED & 250cc BOLUS OF NS WAS GIVEN. AT ARRIVAL TO THE ER HE HAS NO COMPLAINTS. DENIES RECENT ILLNESS

Family HX:

Social HX:

General APP: 35 YO MALE IN AGC

Head/EENT & Mouth: AC/AT EENT AC/AT NORMAL OROPHARYNX

Neck: SUPPLE ERON & LAT

Cardiovascular: REG

Chest/Respiratory: CTA PWT R/L

Abdomen: NORMOCYANIC BS SOFT NNGD P/GUARDING OR REBOUND

Genitalia/GU:

NEURO: CN II - XII INTACT, SENSATION INTACT TO TOUCH, STRENGTH 5/5

HR - 96

PT 10

PTT 22

Musculoskeletal/EXT:

TRM

Skin condition:

W/DT

INITIAL TROP. 101 / 15.3 / 172
RAPID TROP. 26.1 / 12.4 / 45.3

Test Results: EKG - SR @ 95 BPM

PCXR - NAD

CT CHEST (L) 7, 8, 9, 10 RIB FRACTURES, NO PTH 139 / 101 / 110
CT ABD - NAD 3.8 / 1.20

DX: PCXR - NAD

VIA NAD

EROT 2

SALICYLATE 2.6
ACETAMINOPHEN (-)

RX & Plan: (U) RIB FRACTURES INCREASING TROPOLENT
WILL TRANSFER PT. TO SUNY FOR FURTHER INVESTIGATION

Patient Teaching:

SUNY UPSTATE CONFIDENTIAL
0340. DR. CORNELL IN THE
ER HAS ACCEPTED TRANSFER
OF THE PT. FOR INCREASING
TROPOLENT. (U) RIB FRACTURES

Final Disposition: TRANSFER TO SUNY UPSTATE

Name/Time Consult Dr. Called:

Name/Time seen by Consult Dr:

Radiologist Consult:

Condition on discharge: STABLE

Date: Time:

PA Signature: 7/27/2018

Physician Name:

Date: Time:

Physician Signature:

**Gouverneur Hospital
Imaging Services Department
Imaging Report
77 West Barney Street
Gouverneur, New York 13642
315-535-9263**

Name: MCCALLION, MICHAEL
DOB: [REDACTED] 1984 **Age/Sex:** 35M
Ordering Provider: Michael A Kiger, PA
Med Rec #: [REDACTED] 8116
Account #: [REDACTED] 1310
Reg Status: DEP ER Room #:
Date of Service: 10/29/20
Report Number: 1114-0046

cc:Michael A Kiger, PA; Timothy Moon, DO
Send Report To:

X000097833 CT/CT Chest No Contrast

Reason for exam: POSSIBLE OVERDOSE

FINDINGS:

LUNGS: Mild bibasal atelectasis.

PLEURAL SPACES: No pneumothorax evident. No pleural effusions.

HEART: No cardiomegaly. No significant pericardial effusion.

LYMPH NODES: No lymphadenopathy is evident.

UPPER ABDOMEN: Abdominal findings described separately.

BONES: Acute non-displaced fractures of the left 7, 8, 9, 10 anterolateral ribs.

Impression

Acute non-displaced fractures of the left 7, 8, 9, 10 anterolateral ribs. No pneumothorax.

Electronically signed on Oct 29, 2020 1:29:20 AM EDT by:

Steve Wei, MD

Diplomate, American Board of Radiology

While performing the above CT exam, the following dose reduction techniques were used:

- *Automated exposure control
- *Adjustment of the mA and/or kV according to patient size
- *Use of iterative reconstruction technique

CT Dose in mGy:

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Reg Status: DEP ER Room #:
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Report Number: 1114-0046

Contrast Agent: Amount in ml: Method of Administration:

****REPORT SIGNATURE ON FILE****
Reported By: Stephen Wei, MD
12/09/20 1207

Dictation Date/Time: 10/29/20 0129
Transcribed Date/Time: 11/14/20 1650
Transcriptionist: HIM.THAMA